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MARGIN RESERVED FOR BINDING
N. B.—WRITE FAIRLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH **Arizona State Board of Health** BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH *Gila* State **ARIZONA** Registered No. *9*
 County *Gila* or Village *Payson*
 Township _____ or City _____ No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred _____ yrs. _____ mos. _____ ds. How long in U. S. if of foreign birth? _____ yrs. _____ mos. _____ ds.

2. FULL NAME *Lyle Norris* How long in State when death occurred? *6 yrs. 9 mos. 13 ds.*
 (a) Residence: No. _____ St. _____ Ward _____ (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *male* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year) *Jan. 3, 1932*

7. AGE Years *6* Months *9* Days *13* If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *none*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *none*

10. Date deceased last worked at this occupation (month and year) *none* 11. Total time (years) spent in this occupation _____

MOTHER FATHER

12. BIRTHPLACE (city or town) *Payson* (state or country) *Arizona*

13. NAME *Homer George Norris*

14. BIRTHPLACE (city or town) *Derry* (State or country) *N. H.*

15. MAIDEN NAME *Jessie Bell Franklin*

16. BIRTHPLACE (city or town) *Payson* (State or country) *Ariz.*

17. INFORMANT *Mr. Harold Dixon* (Address) *Payson*

18. BURIAL, CREMATION, OR REMOVAL
 Place *Payson, Ariz.* Date *Oct. 17, 1938*

19. UNDERTAKER (Address) _____

20. Filed *Oct. 20, 1938* *Tom O. Haley* (Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) *Oct. 16, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 4, 1938* to *Oct. 16, 1938*.
 I last saw him alive on *Oct. 16, 1938*; death is said to have occurred on the date stated above, at *11:45 P. m.*

The principal cause of death and related causes of importance were as follows:
Broncho-Pneumonia Date of Onset *Oct. 10*
Diphtheria *Oct. 4*
 Other contributory causes of importance: *somewhat measles (mild + atypical)* *Oct. 4*

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*

If so, specify _____
 (Signed) *H. Vaughn*, M. D.
 (Address) *Payson, Arizona*